



Allied Health • Acupuncture

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Medi-Cal Training Seminars

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2005 CPT-4/HCPSC Updates: Implementation November 1, 2005

The 2005 updates to the *Current Procedural Terminology – 4th Edition* (CPT-4) and Healthcare Common Procedure Coding System (HCPCS) National Level II codes will be effective for Medi-Cal for dates of service on or after November 1, 2005. Specific policy changes are highlighted below. Updated manual replacement pages reflecting the policy changes will be published in a future *Medi-Cal Update*.

ACUPUNCTURE

Deleted and Replacement CPT-4 Codes

The following are deleted CPT-4 acupuncture codes and their 2005 replacement codes.

<u>Deleted Code</u>	<u>Replacement Codes</u>
97780	97810, 97811
97781	97813, 97814

Duplicate Payment: Combination Codes

Reimbursement will be made for only one code or set of codes in the following combinations when billed for the same date of service, any provider:

- 97810 and 97811 vs. 97813 and 97814

Add-On Codes

The following CPT-4 codes are add-on codes and must be billed on the same claim with the corresponding primary service code:

<u>Add-On Code</u>	<u>Primary Service Code</u>
97811	97810
97814	97813

Reimbursement Restrictions

Acupuncture codes 97810, 97811, 97813 and 97814 require a Medi-Service Reservation and are reimbursable to podiatrists. One Medi-Service Reservation may include the following:

- One (1) unit of 97810 and up to two (2) units of 97811 **or**
- One (1) unit of 97813 and up to two (2) units of 97814, as appropriate

Reimbursement for each of these codes is \$5.79 (per 15 minutes).

CPT-4 Procedure Codes and Modifiers Billing Reminder

Providers are reminded that they must select the appropriate CPT-4 code and modifier when billing. The CPT-4 code descriptor must match the procedure performed. *This information is reflected on manual replacement page [hcfa comp 16 \(Part 2\)](#).*

**Inpatient Provider Cut-Off Date for Proprietary and Non-HIPAA Standard Electronic Claims Formats: December 1, 2005**

In accordance with efforts to comply with the federally mandated Health Insurance Portability and Accountability Act (HIPAA), Medi-Cal has established a plan to discontinue acceptance of proprietary and non-HIPAA standard electronic formats for electronic claims transactions. The first provider community to be affected is the Inpatient provider community.

Beginning **December 1, 2005**, proprietary and non-HIPAA standard electronic claim formats submitted by Inpatient providers will no longer be accepted.

Providers may call the Telephone Service Center (TSC) at 1-800-541-5555 for more information.

Cut-off dates for non-HIPAA standard claim formats for all other provider communities will be announced in upcoming *Medi-Cal Updates*.

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Remove and replace: hcfa comp 13/14 * and 15/16

* Pages updated due to ongoing provider manual revisions.